# Risk Behaviors of Filipino Methamphetamine Users in San Francisco: Implications for Prevention and Treatment of Drug Use and HIV

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## SYNOPSIS

**Objective:** This study describes the demographics, HIV risk and drug use behaviors, and psychosocial status of Filipino American methamphetamine users in the San Francisco Bay area.

**Methods:** Individual interviews were conducted with 83 Filipino American methamphetamine users, recruited through snowball sampling methods. A structured survey questionnaire included measures of drug use behaviors, HIV-related sexual behaviors, psychosocial factors, and demographics.

**Results:** Filipino methamphetamine users tended to be male, to have low levels of perceived personal control in their lives, and to report low levels of shame about their drug use. Methamphetamine use was strongly associated with HIV-related risk behaviors. Frequent methamphetamine users tended to engage in drug use before or during sex and to use condoms infrequently. Commercial sex activity was associated with frequency of methamphetamine use. About one-third of the study participants had never been tested for HIV.

**Conclusion:** HIV/STD and drug abuse prevention programs that target Filipino Americans are needed. These programs should be tailored to meet clients' needs on the basis of gender, employment status, acculturation, and psychosocial variables that affect drug use and sexual behaviors.

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## Introduction

Illicit drug use is emerging as an important public health issue among Asian and Pacific Islanders (APIs), one of the fastest growing demographic groups in the United States.[1] Among Filipinos, in both the United States[1,5] and the Philippines,[6] methamphetamine use has become popular. The health consequences of methamphetamine use among this group of users (e.g., HIV risk behaviors) have not been described, however.

Patterns of drug use among Filipino Americans differ from those of other Asian ethnic groups.[3] Filipino Americans are more likely to inject drugs, have sex while using drugs, and have sex with injection-drug users.[4] Understanding the behaviors of this group of users is therefore critical to developing appropriate interventions.

**Drug Use Among Asian and Pacific Islander Americans.** The prevalence of drug use among APIs is underestimated. As a result, their service needs are neglected.[3,7] Three factors may account for the underestimates of drug prevalence. First, APIs are often portrayed as a "model minority" that does not abuse drugs or alcohol or commit crimes.[8] Second, data are lacking on illicit drug use, access to and impact of drug treatment programs, and health consequences of drug abuse within the API community. APIs were not included in the national drug abuse prevalence studies (Monitoring the Future and the National Household Survey).[1] Third, the API community in the United States is extremely diverse—in terms of ethnicity, immigration history, geography, socioeconomic status, and other factors—making it difficult to characterize the epidemiology of drug use among the group as a whole.[9]

Estimates of the extent of drug use among APIs have been inconclusive. Some studies have found that APIs have lower rates of substance use and abuse than other ethnic groups.[10,11] Others indicate that the incidence of substance abuse among APIs is changing, with rising levels of illicit drug use among recent immigrants, particularly those with lower socioeconomic profiles, such as the Hmong, Vietnamese, Cambodians, Laotians, and Pacific Islanders.[12-15] A recent study found that API adolescents were more likely than white and African American adolescents to use methamphetamines.[16] Studies have also revealed high rates of drug use among highly acculturated adolescents[17,18] and adolescents who perform poorly in school.[19]

Recent studies of APIs have also revealed increases in poverty,[20,21] criminal and gang activity,[22,23] domestic violence,[24,25] and mental health disorders such as depression and post-traumatic stress disorder.[26,27] These findings contradict stereotypes that APIs are a "model minority" with low risk for societal and public health problems and little vulnerability to drug addiction.

Drug use and the health status of APIs are changing, just as the demographic composition of the API community has changed over the past decade. Researchers must study patterns of drug use for each API ethnic group separately, because different social, cultural, and contextual factors may underlie each group's behaviors.[3,28]

**Drug Use Among Filipino Americans.** The Filipino American community is one of the fastest growing API ethnic groups in the United States. According to the U.S. Census 2000, the Asian population in the United States grew more than 52% during the 1990s, with Filipinos ranking as the second largest Asian group in the country (after the Chinese). In California the Filipino population increased 25% during the 1990s and currently constitutes about 25% of the state's Asian population (2.7% of the overall state population). Few studies have examined health issues in this growing population, but research indicates that Filipinos in the United States have a higher risk than Chinese, Japanese, and other Asians for hypertension and complications associated with coronary heart disease,[29] thyroid cancer,[30,31] ulcers associated with smoking and drinking,[32] and drug use.[4]

A recent study of Asian American drug users found that Filipino Americans started using illicit drugs at a younger age, were more likely to use methamphetamines and heroin, and were more likely to inject drugs than Chinese or Vietnamese American users.[3] Another study found that prevalence of alcohol, marijuana, and LSD use is higher among Filipino adolescents than among Chinese and Korean adolescents in California.[33] A study of Filipino adolescents in Hawaii found that 20% of Filipino 10th graders abused alcohol or drugs at a significantly higher rate than Chinese and Japanese adolescents.[34] Increases in methamphetamine use have been documented among Filipinos in the United States and the Philippines,[5,35] as well as in several Pacific Rim nations.[36]

*Shabu* is the street name for methamphetamines among Filipinos in San Francisco. (Filipinos in Hawaii often refer to methamphetamines as *ice.*) *Shabu* is a smokable form of methamphetamine, typically sold as a white, odorless, crystalline powder or rocks. Many users choose *shabu* for the energy and general feeling of well-being it induces.[5] Because the drug causes loss of appetite,

many users become emaciated after prolonged use. Filipino women often use it to lose weight.[5]

In this study, we examine the psychosocial and demographic factors associated with drug use and sexual risk behaviors in a sample of Filipino drug users, primarily methamphetamine users not currently enrolled in drug treatment programs. We extend earlier research in three ways. First, we examine a community sample of Filipino drug users who represent a range of backgrounds in terms of acculturation, immigration, education, income, and history of drug use. Most studies on drug use in the Asian American community have relied on small, relatively homogeneous samples.[37] Second, we focus on the diverse characteristics of a single ethnic group, rather than collapsing several ethnic groups into a single "Asian" category. Third, we examine psychosocial factors related to drug use and sexual behaviors. By expanding the profile of factors related to methamphetamine use in the Filipino community, our findings can be used to develop drug abuse prevention and health promotion interventions tailored to Filipino Americans.[38]

## METHODS

**Participants.** Eighty-three participants were recruited from the San Francisco Bay area through snowball sampling techniques. Some were recruited through referrals from participants in an earlier study of drug use among Asian Americans in San Francisco.[4] Eligibility requirements stipulated that participants must identify themselves as Filipino, be at least 18 years old, and have used methamphetamines during the preceding six months at least three days per week on average. Our previous study, investigating protective factors against drug abuse among Asians, included 44 Filipino heavy drug users.[4] Among these heavy users, 11 had used methamphetamines more than three days per week in the previous six months. The survey instruments collected for that study were similar to those of our current study. Therefore, we integrated the data on the 11 users with the current study sample.

**Procedure.** A bilingual Filipino conducted structured interviews in English and Tagalog between January 1997 and January 1999. Participants received $30 in cash for an interview, which took about one hour to complete. Eighty-five percent of the participants completed the interview in English; the rest completed the interview mostly in English, receiving some assistance from the interviewer in Tagalog to understand some questions. The questionnaire was not translated into Tagalog. Upon completing the interview, participants received referral information about HIV/AIDS prevention and care programs, HIV/STD testing sites, needle-exchange programs, and other health and social services for Asian communities, such as the Asian American Recovery Services, which provides drug treatment services to Asian populations in the San Francisco Bay area.

**Measures.** The structured interview questionnaire included the NIDA Risk Behavior Assessment, which inquires about drug use history and frequency of use, drug injection, and sexual behaviors while under the influence of drugs or alcohol. The interview questionnaire also included anchored questions and Likert-type scales about demographic background, sexual behaviors, commercial sex activities, and the psychological factors defined below.

*Cultural identity.* A measure with two subscales adapted from Sasao's measure of retention of Filipino cultural values (21 items; Cronbach $\alpha$ = .89) and adaptation to U.S. cultural values (21 items; $\alpha$ = .90).[39] Both subscales included three components: comfort with and ability in communicating in Tagalog and/or English; comfort with culture (traditional Filipino and/or mainstream U.S. culture); and comfort with and quality of interactions (with other Filipinos and/or with non-Filipinos in the United States). Statements were rated on a five-point scale (higher values representing stronger identity) and combined into composite measures of either Filipino or U.S. identity.

*Personal efficacy.* A measure of personal efficacy adapted from the Paulhus measure of perceived personal efficacy to control general domains of life ($\alpha$ = .77).[40] This 10-item scale assesses general feelings of mastery and efficacy over one's life ("When I get what I want it's usually because I work hard for it").

*HIV knowledge.* A six-item measure for assessing general knowledge about HIV and AIDS ("A person can be infected with the AIDS virus and have no symptoms of the disease").[41] Statements were rated on a five-point scale and showed good reliability ($\alpha$ = .72).

*Positive attitude toward using drugs.* An eight-item measure created for this study to assess attitudes about the positive effects of drugs on psychological state and behaviors, such as sexual behaviors ("I often feel sexier after I have taken drugs"). Statements were rated on a five-point scale and showed good reliability ($\alpha$ = .79).

*Perceived susceptibility to AIDS.* A four-item measure for assessing beliefs about one's perceived susceptibility to acquiring AIDS ("Considering all the different ways of catching the AIDS virus, what are your chances of

getting it?").[41] Statements were rated on a five-point scale and showed good reliability ($\alpha = .79$).

*Depression.* Fifteen items adapted from the Johns Hopkins Symptom Checklist-depression subscale ("feeling low in energy, slowed down," "feeling hopeless about the future").[42] Statements were rated on a four-point scale and showed good reliability ($\alpha = .81$).

*Life satisfaction.* A seven-item scale derived from a satisfaction measure for seven domains of life ("Presently, how satisfied are you with your life?").[43] Statements were rated on a seven-point scale and showed good reliability ($\alpha = .78$).

*Support from family.* A five-item measure, modified from Nemoto's social support scale, for assessing activities of practical and emotional support from family members during the past month ("How often did your family members actually give you advice or information about your health, money, housing, or relationship?").[43] Statements were rated on a six-point scale and showed good reliability ($\alpha = .82$).

*Support from friends.* A five-item measure for assessing activities of practical and emotional support from friends during the previous month ("How often did your friends actually give you advice or information about your health, money, housing, or relationship?").[43] Statements were rated on a six-point scale and showed reliability ($\alpha = .69$).

*Shame about drug use.* A five-item measure, developed for this study, for assessing perception of shame about current drug use ("How much do you feel ashamed when people find out you are using drugs?"). Statements were rated on a five-point scale and showed good reliability ($\alpha = .86$).

## Results

**Demographic Characteristics.** Participants were mostly men (82%), younger than 30 (58%) (mean age, 29.0 years; SD = 8.8), and immigrants from the Philippines (71%) (table 1). Among immigrants, the average length of residency in the United States was 17.6 years (SD = 7.0). Most participants were high school graduates (71%), and some had earned a college degree (9%). Most (71%) were employed either full- or part-time, 23% were unemployed (15% were currently looking for work), and 5% were full-time students. Although the level of income was generally low, there was some variability. During the previous month, 45% had earned less than $1,000, 45% had earned $1,000-$1,999, and 10% had earned $2,000 or more. Fourteen percent were homeless. All of the women identified themselves as heterosexual. Most of the men (94%) identified themselves as heterosexual, with two identifying themselves as homosexual, one as bisexual, and one as a male-to-female transgender.

**Table 1. Demographic characteristics (n = 83)**

| Characteristic | n | % |
|---|---|---|
| Gender | | |
| Male | 16 | 82 |
| Female | 14 | 17 |
| Transgender | 1 | 1 |
| Age (M = 29.0; SD = 8.8) | | |
| 18-19 | 13 | 16 |
| 20-29 | 35 | 42 |
| 30-39 | 24 | 29 |
| 40-49 | 8 | 10 |
| 50 or older | 3 | 4 |
| Birthplace | | |
| Philippines | 59 | 71 |
| United States | 24 | 29 |
| Highest education level | | |
| Less than high school | 13 | 15 |
| High school or GED | 29 | 35 |
| Some college | 33 | 40 |
| College degree | 8 | 10 |
| Work situation in past 30 days | | |
| Working full-time | 38 | 46 |
| Working part-time | 21 | 25 |
| Unemployed, looking for work | 12 | 15 |
| Unemployed, not looking for work | 7 | 8 |
| Full-time student | 4 | 5 |
| Other | 1 | 1 |
| Monthly income | | |
| 0-$249 | 5 | 6 |
| $250-$499 | 14 | 17 |
| $500-$999 | 18 | 22 |
| $1,000-$1,999 | 37 | 45 |
| $2,000 or more | 8 | 10 |
| Homelessness | | |
| Yes | 12 | 14 |
| No | 71 | 86 |

**Health Behaviors.** During the preceding six months, 39% of participants had seen a doctor or nurse, and 7.2% of the total sample had been diagnosed with a sexually transmitted disease (2.4% with vaginal candidiasis and 1.2% each with hepatitis B, gonorrhea, chlamydia, and trichomoniasis).

No participants reported being HIV-positive, but 31% had never been tested for HIV. Among the

Table 2. Substance use behaviors (n = 83)

| Substance | % ever used | Av. # of days used in preceding 30 days | % used in preceding 2 days[a] | % ever injected[a] |
|---|---|---|---|---|
| Methamphetamines | 100 | 17 | 75 | 8 |
| Alcohol | 100 | 7 | 50 | na |
| Marijuana | 99 | 8 | 26 | na |
| Cocaine | 87 | 7 | 6 | — |
| Crack | 74 | 10 | 7 | na |
| Hallucinogens | 42 | 2 | 0 | — |
| Downers | 23 | 9 | 1 | — |
| Heroin | 19 | 12 | 4 | 8 |
| Opiates | 15 | 4 | 1 | 1 |
| Speedball | 11 | 2 | 0 | 4 |
| Methadone (nonprescribed) | 4 | 1 | 0 | — |
| Other drugs | 16 | 7 | 0 | — |

na = not applicable
[a]Of those who have ever used each substance.

57 participants who had been tested for HIV, 39% had been tested once, 32% twice, and 30% three or more times. During the preceding 30 days, 51% had received AIDS prevention information.

**Substance Use Behaviors.** All participants reported having used methamphetamines (*shabu* or amphetamines) and alcohol in the previous month (table 2). Ninety-nine percent had used marijuana, 87% had used cocaine, 74% had used crack, and 42% had used hallucinogens. Participants reported having used methamphetamines 17 days, heroin 12 days, and crack 10 days during the previous month. Excluding alcohol, 33% had used only methamphetamines in the preceding 30 days, 46% had used two drugs, and 21% had used more than two drugs. The most recently used substances (used in the preceding two days) included methamphetamines (75%), alcohol (50%), and marijuana (26%).

On average, men reported using methamphetamines 17.3 days and women 12.8 days [$t(1, 80) = 3.12$, $p<.01$]. Unemployed participants consumed alcohol on 11.7 days, while participants who were working drank on just 6.9 days during the preceding month [$t(1, 70) = 2.15$, $p<.05$]. People who were unemployed were also more likely to have injected drugs (OR = 8.62; 95% CI = 1.90, 39.06).

A regression analysis on the frequency of methamphetamine use during the preceding 30 days was conducted with demographic variables (age, gender, country of birth, and employment status) and psychosocial factors (depression, personal efficacy, shame about drug use, support from family, and support from friends) as independent variables [$F(9, 57) = 2.01$, $p<.05$, $R^2 = .24$] (table 3). Frequency of metham-phetamine use was positively associated with being male, negatively associated with perceptions of personal efficacy, and negatively associated with shame about drug use.

Only 11% of the study participants reported having injected drugs, with 8% of the sample having injected methamphetamines and 8% having injected heroin. Compared with participants who had never injected drugs, those who injected drugs had weaker Filipino identities [$M = 2.54$ for ever-injecting, 3.08 for noninjectors; $t(1, 82) = 2.32$, $p<.05$]; perceived themselves more vulnerable to HIV [$M = 2.83$ for ever-injecting, 1.99 for noninjectors; $t(1, 71) = 2.29$, $p<.01$]; were more depressed [$M = 2.46$ for ever-injecting, 2.07 for noninjectors; $t(1, 71) = 2.29$, $p<.05$]; were less satisfied with their lives [$M = 3.67$ for ever-injecting, 4.59 for noninjectors; $t(1, 82) = 3.05$, $p<.01$]; and had less family support [$M = 1.93$ for ever-injecting, 2.77 for noninjectors; $t(1, 82) = 2.36$, $p<.05$]. Homeless participants were more than six times as likely to inject drugs than other participants (OR = 6.60; 95% CI = 1.46, 29.74). Those who had injected drugs had used methamphetamines more days in the preceding 30 days than those who had not injected [$M = 23$ days for ever-injecting, 16.1 days for noninjectors; $t(1,81) = 3.51$, $p<.01$].

**Sexual Behaviors.** A range of sexual activity was reported (table 4). Of the 85% of participants who had engaged in sex during the preceding six months, 53% had had

Table 3. Regression analysis of frequency of methamphetamine use

| Variable | Frequency of methamphetamine use, preceding 30 days | | Frequency of methamphetamine use before sex, preceding 30 days | |
|---|---|---|---|---|
| | ß | *p* | ß | *p* |
| Gender[a] | -.27 | .03 | .08 | ns |
| Age | -.05 | ns | -.09 | ns |
| Country of birth[b] | -.13 | ns | .13 | ns |
| Employment status[c] | -.11 | ns | .39 | .06 |
| Psychological control | -.29 | .05 | .10 | ns |
| Depression | -.08 | ns | .65 | .00 |
| Shame about drug use | -.25 | .05 | -.15 | ns |
| Support from family | -.07 | ns | -.14 | ns |
| Support from friends | .12 | ns | -.15 | ns |

ns = not significant
[a]1 = male, 2 = female.
[b]1 = U.S., 2 = Philippines.
[c]1 = employed, 2 = unemployed.

more than one sexual partner. Eighty-three percent of sexually active participants had sex at least once a week. Forty-five percent of these participants reported never using condoms during the previous six months; 21% used condoms less than half the time. A regression analysis was conducted to examine predictors of the frequency of condom use during the previous six months. Included in the regression equation were demographic characteristics (gender, age, country of birth, and employment status); psychosocial factors (psychological control, depression, HIV knowledge, and perceived susceptibility to HIV); and drug behavior before sex (ever used methamphetamines before or during sex in the past 30 days) (see table 3). The regression equation was significant [$F(9, 47) = 4.24$, $p<.01$, $R^2 = .36$]. Frequency of condom use was positively correlated with being male ($\beta = .25$) and unemployed ($\beta = .31$), negatively correlated with age ($\beta = -.44$), and inversely correlated with using methamphetamines immediately before or during sex ($\beta = -.25$).

Among the 39 participants who engaged in sex during the preceding 30 days, 80% reported using drugs or alcohol immediately before or during sex, with 69% using methamphetamines, 45% using alcohol, 21% using marijuana, and 16% using crack. Regression analysis revealed that only being unemployed ($\beta = .39$; $p = .06$) and depressed ($\beta = .65$; $p = .00$) were significantly associated with frequency of methamphetamine use before or during sex.

Sixteen percent of participants (7 men, 5 women, 1 transgender) had had sex in exchange for drugs or money; 25% (20 men, 1 woman) had given drugs or money to someone in exchange for sex; and 6% (5 men) reported both having had sex in exchange for money or drugs and having given money or drugs in exchange for sex. Among those who had exchanged sex for money or drugs, all five women and four of the men identified themselves as heterosexual, two men identified themselves as homosexual, and one man and one transgender identified themselves as bisexual. Compared with participants who had never exchanged sex for money or drugs, participants who had done so engaged in higher sexual risk behaviors. They had had more sex partners during the preceding six months [$M = 5.1$ versus 1.6 partners; $t(1, 81) = 4.29$, $p<.01$]; had more sex partners who used methamphetamines during the preceding six months [$M = 3.9$ versus 0.6 partners; $t(1, 57) = 5.02$, $p<.01$]; used illicit drugs before or during sex more frequently during the preceding 30 days [$M = 13.5$ versus 3.1 days; $t(1, 40) = 5.08$, $p<.01$]; and used more types of drugs during the preceding 48 hours [$M = 2.8$ versus 1.7 drugs; $t(1, 74) = 3.30$, $p<.01$]. Participants who had paid for sex also engaged in high-risk sexual behaviors. They used drugs immediately before or during sex more frequently during the preceding 30 days [$M = 9.0$ versus 4.4 days; $t(1, 40) = 1.90$, $p = .07$] and used more types of drugs during the preceding 48 hours [$M = 2.4$ versus 1.7; $t(1, 74) = 2.90$, $p<.01$].

## Discussion

This study represents the first known investigation of behavioral and psychosocial characteristics associated

Table 4. Sexual behaviors (n = 71)

| Behavior | n | % |
|---|---|---|
| Number of sex partners in preceding 6 months | | |
| 1 | 34 | 48 |
| 2 | 16 | 23 |
| 3 | 10 | 14 |
| 4 | 3 | 4 |
| 5 | 4 | 6 |
| >5 | 4 | 6 |
| Frequency of condom use in preceding 6 months | | |
| Never | 32 | 45 |
| Less than half the time | 15 | 21 |
| About half the time | 6 | 9 |
| More than half the time | 8 | 11 |
| Always | 10 | 14 |
| Frequency of having sex in preceding 6 months | | |
| Less than 4 times per month | 11 | 16 |
| About once per week | 23 | 33 |
| 2-6 times per week | 32 | 46 |
| About once per day | 3 | 4 |
| Substance use immediately before or during sex during preceding 30 days | | |
| Methamphetamines | 27 | 38 |
| Alcohol | 17 | 24 |
| Marijuana | 8 | 11 |
| Crack | 6 | 8 |
| Cocaine | 5 | 7 |

Note: Based on participants who had sex in the preceding 6 months.

Table 5. Multiple regression analysis of condom use during preceding 6 months

| Variable | ß | p |
|---|---|---|
| Gender[a] | -.25 | .07 |
| Age | -.44 | .00 |
| Country of birth[b] | .20 | ns |
| Employment status[c] | .31 | .05 |
| Psychological control | .01 | ns |
| Depression | .09 | ns |
| HIV knowledge | .19 | ns |
| Perceived susceptibility to HIV | -.03 | ns |
| Ever used methamphetamines before sex, past 30 days[d] | -.25 | .07 |

ns = not significant
[a]1 = male, 2 = female.
[b]1 = U.S., 2 = Philippines.
[c]1 = employed, 2 = unemployed.
[d]1 = no, 2 = yes.

with methamphetamine use by Filipino Americans in the United States. It revealed that these users engaged in behaviors that put them at high risk for HIV/STD infection. Most of the study participants used more than one kind of drug during the 30 days preceding their interviews. Frequent users tended to be men who perceived less personal control in their lives and reported little shame about their drug use. Methamphetamines enhance sexual performance, sensitivity, and pleasure.[44] Probably for this reason, there was a strong association between methamphetamine use and sexual behaviors, particularly HIV/STD-related risk behaviors. Most of the study participants were sexually active, and many had multiple sex partners. Frequent users tended to exchange sex for money or drugs (and vice versa), use methamphetamines before or during sex, and use condoms infrequently. These behaviors exacerbate vulnerability to HIV and other health problems. In spite of these high-risk factors, about one-third of the study participants had never been tested for HIV, and about one-half had not used condoms during the six months preceding the interview. Filipino Americans who use methamphetamines almost every day face multiple adversities—being unemployed, homeless, and depressed and engaging in risky sexual activities.

The Filipino participants in the study were recruited through outreach activities and the networks of a Filipino research assistant who had worked with Dr. Nemoto's previous study on drug use in Asian communities in San Francisco. We recruited Filipino American drug users who were heavy methamphetamine users addicted to drugs. The sample thus does not represent Filipino American methamphetamine users in general, particularly those who use the drug occasionally at parties or gatherings. The participants in the study were heterogeneous in terms of years living in the United States, employment status, homelessness, levels of income, levels of adaptation to mainstream U.S. culture, and other psychosocial measurements. These findings confirm that studies on drug use among APIs should consider diversity throughout the API population as well as within a specific API ethnic group.[28,45]

Filipino women in the sample had used methamphetamines less frequently than men during the 30 days preceding the interview. They were less likely than men to have used a condom during the

preceding six months. These results indicate that drug abuse intervention programs must address the needs of women drug users. Future research on drug use among API women should investigate their relationships with male partners and the cultural norms for maintaining relationships with male drug users.

Several implications for clinical interventions designed to treat Filipino American methamphetamine users emerge from this study. Heavier users perceived less control over their lives and felt less ashamed of their drug use. Among Asian drug users, the feeling of shame stems not only from the drug users themselves but also from their relationships with family members and their community.[3,45] Sociocultural and psychological factors associated with drug injection, such as depression, weak Filipino identity, dissatisfaction with life, and lack of social support from family, must be addressed in drug treatment programs.

The men in our study used methamphetamines before or during sex and did not use condoms frequently. Given this behavior, interventions should address sexual behaviors to reduce the risk of contracting HIV. In addition, HIV/STD prevention programs should pay special attention to users who engage in commercial sex.

Because U.S.-born Filipino drug users have ethnically diverse social networks,[3] outreach efforts should be made in both multiethnic communities and enclaves of Filipino Americans. Drug abuse prevention programs should consider the diversity within the Filipino American community—in terms of gender, employment status, homelessness, levels of retaining Filipino culture and of acculturation to U.S. mainstream culture, and other psychosocial variables, such as shame, in order to make an impact at the individual, family, and community levels.

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